



Massachusetts Environmental Police
Boating & R.V. Safety Bureau
1019 Rte. 132, 2nd Floor
Bryannis, MA 02601
(617) 727-8760

BOATING ACCIDENT REPORT

The operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an accident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 10 days. Reports must be submitted to the above address. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS. (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR JOSEPH R GALLAGHER 270 OLD OCEAN ST, MARSHFIELD MA 02645		AGE OF OPERATOR 58 DATE OF BIRTH 8-26-43		OPERATOR'S EXPERIENCE This type of boat: <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 100 to 500 Hours <input checked="" type="checkbox"/> Over 500 Hours Other Boat Operating Exp.: <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 100 to 500 Hours <input checked="" type="checkbox"/> Over 500 Hours		
OPERATOR TELEPHONE NUMBER (781) 837-9826		OWNER TELEPHONE NO. (781) 837-9826		RENTED BOAT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NAME AND ADDRESS OF OWNER BLUE WATER ENTERPRISES INC. PO Box 2682 OCEAN BLUFF MA 02645		NUMBER OF PERSONS ON BOARD 4		FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input checked="" type="checkbox"/> Other (Specify) MASS MARITIME ACADEMY		
VESSEL NO. 1 (this vessel)						
BOAT REGISTR. NO. MS 7602 BW	BOAT NAME PRIM LADY	BOAT MAKE PROVINCIAL	BOAT MODEL PROVINCIAL 42	MFR HULL IDENTIFICATION NO. MS ZMT 181 G 202		
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input checked="" type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Row-boat <input type="checkbox"/> Canoe <input type="checkbox"/> Other (Specify)	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/vinyl <input type="checkbox"/> Other (Specify)	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard gasoline <input checked="" type="checkbox"/> Inboard diesel <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify)	PROPULSION No. of engines: 1 Horsepower (total) 350 Type of fuel: DIESEL	CONSTRUCTION Length: 42' Year built (boat): 1975		
Has boat had a Safety Examination? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO For current year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Year: _____ Indicate whether: <input type="checkbox"/> USCG Auxiliary Courtesy Marine Exam. <input type="checkbox"/> State/local examination <input type="checkbox"/> Other						
ACCIDENT DATA						
DATE OF ACCIDENT 8-24-02	TIME 7:30 pm	NAME OF BODY OF WATER CAPE COD BAY	LOCATION (Give location precisely) 13913.0 / 25541.8	Lat: _____ Long: _____		
STATE MA	NEAREST CITY OR TOWN BRANT ROCK / MARSHFIELD		COUNTY PLYMOUTH			
WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	WATER CONDITIONS <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input checked="" type="checkbox"/> Rough (waves 2' to 6') 2-3' <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong Current		TEMPERATURE (Estimate) Air 70° F Water _____ F	WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0 - 4 mph) <input checked="" type="checkbox"/> Moderate (7 - 14 mph) <input type="checkbox"/> Strong (15 - 25 mph) <input type="checkbox"/> Storm (Over 25 mph)	VISIBILITY Day _____ Night _____ <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
OPERATION AT TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other (Specify)		TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other than fuel) <input type="checkbox"/> Fallen Skier <input checked="" type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Hit By Boat or Propeller <input type="checkbox"/> Other (Specify)		WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input checked="" type="checkbox"/> Other (Specify) AL-10P, LOT 6N, NO ONE AT HELM <input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug Use <input type="checkbox"/> Lack of Skill <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Operator Inexperience <input checked="" type="checkbox"/> Operator Inattention		
PERSONAL FLOTATION DEVICES (PFD'S)			PROPERTY DAMAGE		FIRE EXTINGUISHERS	
Was the boat adequately equipped with COAST GUARD APPROVED FLOTATION DEVICES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Were they used by survivors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What Type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (specify) _____ Were PFD's properly Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Strapped? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was the vessel carrying NON approved flotation devices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were they used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, indicate kind _____		Estimated amount This Boat \$ _____ Other Boat \$ _____ Other Property \$ 0.00 TOTAL \$ _____	Were they used? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Type: _____
Include any comments on PFD's under ACCIDENT DESCRIPTION on other side of form.			DESCRIBE PROPERTY DAMAGE LISTED FISHING GEAR SIG-15, 20 - DAMAGED TO VESSELS NOT YET ASSESSED			
			NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY BLUE WATER ENTERPRISES PO Box 2682, OCEAN BLUFF, MA 02645			

If more than 3 fatalities and/or injuries, attach additional form(s).					
DECEASED					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
INJURED					
NAME JOSEPH R GALLANA	ADDRESS 270 OLD OCEAN ST MARSHFIELD MA 02051	DATE OF BIRTH 8-26-43	NATURE OF INJURY TENDONS OF RIGHT ARM AND HAND	MEDICAL TREATMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCIDENT DESCRIPTION					
DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's.)					
PLEASE SEE ATTACHMENT					
VESSEL NO. 1 (If more than 2 vessels, attach additional form(s).)					
Name of Operator JEFF LEE BOLSTER	Address 195 VINE ST		Boat Number 6822ET		
Telephone Number (781) 585-6913	DUNBURY, MA 02822		Boat Name SNOW GOOSE		
Name of Owner JEFF LEE BOLSTER	Address				
WITNESSES					
Name SHAWN P KELLY	Address 47 RAFF KILL WAY BALSTON SPA, NY 12020		Telephone Number (518) 583-4495		
Name JANA R GALLANA	Address 2106 COUNTRY ST TAUNTON, MA 02780		Telephone Number (508) 824-5487		
Name	Address		Telephone Number		
PERSON COMPLETING REPORT					
SIGNATURE Joseph R Gallana - Puff of BNC	Address 270 OLD OCEAN ST MARSHFIELD, MA 02050		Telephone Number (781) 837-7426		
QUALIFICATION (Check One) <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other		Date Submitted 8-26-02		(do not use) - FOR REPORTING AUTHORITY REVIEW (use agency date stamp)	
Causes based on (check one) <input type="checkbox"/> This report <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		Name of Reviewing Office		Date Received	
Primary Cause of Accident		Secondary Cause of Accident		Reviewed By	

Attachment to Boating Accident Report

Description of accident, 8-24-02, 2:30 pm, Cape Cod Bay, collision of Snow Goose (Vessel #2) with Prim Lady (Vessel #1)

While at anchor, fishing for tuna, I observed Vessel #2 approaching and assumed the skipper was in search of bait, conversation, etc. However, he did not decrease speed (approximately 12 knots, I estimate) as he neared, and, only seconds before impact, I could see that there was no one at the wheel. Vessel #2 struck Vessel #1 starboard side, amidships, then bounced off and, because V2 was on autopilot and therefore still in gear, struck again. This time V2 turned and raked V1 midship to stern, tearing away fishing gear and damaging V1 to an as yet unknown extent. I was knocked down and smashed into the doorframe of the wheelhouse, injuring the tendons in my right arm and hand. I did not observe any injuries to my companions. Immediately after the accident I asked the skipper of V2 if he had been on autopilot, which he confirmed. He had also been wearing some sort of headset, whether earphones or for sound suppression I do not know, while working on his afterdeck. At my request, V2 remained with V1 and both vessels returned to Brant Rock together. During the return trip, I experienced engine vibration and overheating, smelled hydraulic fluid, and observed the bilge pumps come on several times—none of which had happened on the trip out. During the return trip I also observed that the skipper of V2 again turned on his autopilot and returned to work on his afterdeck.